

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE  
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2013 APR 22 AM 8:29

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Date Received  
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APR 18 2013

CITY OF REDWOOD CITY

CITY CLERK  
Carmen

Please type or print in ink.

NAME OF FILER (LAST)  
Aguirre

(FIRST)  
Alicia

1. Office, Agency, or Court

Agency Name

City of Redwood City

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County \_\_\_\_\_

☒ City of Redwood City

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 04/18/2013  
(month, day, year)

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**  
**RECEIVED**

APR 18 2013

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)

American Architectural Foundation

ADDRESS (Business Address Acceptable)

CITY AND STATE

Houston, TX

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Mayor's Institute

DATE(S): 02/01/12 - 02/03/12 AMT: \$ 2,010.89  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

**Filer's Verification**

Print Name Alicia C. Aguirre

Office, Agency  
or Court City of Redwood City

Statement Type ☒ 2012/2013 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/18/2013

Filer's Signature

Comments: Added missing information.

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Aguirre Alicia Carmen  
CITY OF REDWOOD CITY  
CITY CLERK

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left / /  
(Check one)

-or-

The period covered is / / , through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through the date of leaving office.

☐ Candidate: Election Year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that the information provided on this statement and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the information provided on this statement and in any attached schedules is true and complete.

Date Signed

4/17/13  
(month, day, year)

RECEIVED

APR 17 2013

**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

CITY OF REDWOOD CITY  
CITY CLERK

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)  
American Architectural Foundation  
ADDRESS (Business Address Acceptable)  
Houston, TX  
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 2/01/12 - 2/3/12 AMT: \$ 2010.89  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

**Filer's Verification**

Print Name \_\_\_\_\_

Office, Agency  
or Court \_\_\_\_\_

Statement Type ☐ 2012/2013 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed \_\_\_\_\_  
(month, day, year)

Filer's Signature \_\_\_\_\_

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
COVER PAGE

RECEIVED  
Date Received  
Official Use Only

APR 01 2013

CITY OF REDWOOD CITY  
(MIDDLE)  
CITY CLERK  
Garmen

Please type or print in ink.

2013 APR -3 AM 11:56

NAME OF FILER (LAST)

Aguirre

(FIRST)

Alicia

**1. Office, Agency, or Court**

Agency Name

City of Redwood City

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: CCAG, MTC

Position: Board Member, Commissioner

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ Multi-County Nine Counties

☒ City of Redwood City

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of San Mateo

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None** - No reportable interests on any schedule

5. I certify that the information furnished on this statement and in any attached schedules is true and complete. I acknowledge that I am responsible for providing true and complete information and for the consequences of any false or misleading statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/30/2013

(month, day, year)

## SCHEDULE D Income – Gifts

Name

Alicia C. Aguirre

► NAME OF SOURCE *(Not an Acronym)*

Cash America

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hispanic Foundation of Silicon Valley

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>10 / 06 / 12</u> | <u>\$ 250.00</u> | <u>Ticket</u>          |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |
| <u>  /  /  </u> | <u>\$</u> | <u> </u>               |

Comments: \_\_\_\_\_